

Safeguarding Policy

January 2025

Safeguarding Policy

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1. INTRODUCTION

- 1.1 This policy applies to Healthwatch Lambeth (HWL). HWL is the local health and social care champion for people who live or work in Lambeth. As an independent statutory body, HWL has the power to make sure NHS leaders and other decision makers listen to local feedback and improve standards of care. HWL can also help local people to find reliable and trustworthy information and advice.
- 1.2 Living a life that is free from harm and abuse is a fundamental right of every person and safeguarding is everyone's responsibility. Our work does not involve providing direct services to children and vulnerable adults, but we still have safeguarding responsibilities which we take very seriously. Our trustees, staff, associates, consultants and volunteers may come across abuse in the course of their work or may have access to personal details of families with children or access to adults who have care and support needs or are vulnerable in some other way. Abusers could also align themselves with us to take advantage of the position of trust which we have with the community and with organisations that we work with.
- 1.3 HWL is represented on the Lambeth Safeguarding Adults Board, and we have a close working relationship with the Lambeth Safeguarding Team.
- 1.4 The purpose of this policy is to outline the practice for our trustees, staff, associates, consultants and volunteers to contribute to the prevention of abuse by raising awareness and providing a clear framework for action when abuse is suspected.
- 1.5 This policy has been drawn up based on law and guidance that seeks to protect children and adults at risk.
 - London Safeguarding Adults policy and procedures
 - Health and Care Act 2022
 - General Data Protection Regulation (GDPR) 2018
 - Children and Families Act 2014
 - Care Act 2014
 - Protections and Freedom Act 2012
 - Safeguarding Vulnerable Groups Act 2006
 - Mental Capacity Act 2005
 - Children Act 2004
 - Sexual Offences Act 2003

- United Convention of the Rights of the Child 1991
- Children's Act 1989
- Mental Health Act 1983

- 1.6 This policy has been scanned for equality impacts and specific references to discrimination (e.g., sex, race, disability and homophobia) have been added.
- 1.7 Copies of this policy are available within Healthwatch Lambeth. Staff and volunteers are provided with copies of this policy during their induction and made aware of how this policy can be accessed. All staff and volunteers (including Trustees) must complete recommended Safeguarding training during their induction.

2. PRINCIPLES

- 2.1 Six key principles¹ underpin our safeguarding approach.
- **Empowerment** – people being supported and encouraged to make their own decisions and to give informed consent: "I am asked what I want as the outcomes from the safeguarding process, and these directly inform what happens."
 - **Prevention** – it is better to take action before harm occurs: "I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."
 - **Proportionality** – the least intrusive response appropriate to the risk presented: "I am assured that the professionals will work in my interest, as I see them and they will only get involved as much as needed."
 - **Protection** – support and representation for those in greatest need: "I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."
 - **Partnership** – local solutions through services working with their communities have a part to play in preventing, detecting and reporting neglect and abuse: "I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."
 - **Accountability** – accountability and transparency in delivering safeguarding: "I understand the role of everyone involved in my life and so do they."

¹ Care and Support Statutory Guidance, issued under the Care Act 2014, Department of Health

3. DEFINITIONS

- 3.1 A 'child' is anyone who has not yet reached their 18th birthday as defined by The Children Act 2004. 'Children' therefore in the context of this policy means children and young people.
- 3.2 A 'vulnerable adult' or 'adult at risk' is a person who is 18 years of age or over and
- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
 - is experiencing, or at risk of, abuse or neglect; and
 - as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.
- 3.3 Safeguarding includes:
- Protecting the rights of children, young people and adults to live in safety, free from abuse and neglect.
 - People and organisations working together to prevent the risk and stop the experience of abuse and neglect.
 - Making sure people's wellbeing is promoted, taking their views, wishes, feelings and beliefs into account in deciding on any action.
- 3.4 Abuse is any behaviour towards a person or act of omission that causes them harm, endangers their life or violates their rights. Abuse can take place in any setting, public or private and can be perpetuated by anyone. Abuse can include:
- Physical abuse
 - Psychological abuse
 - Sexual abuse
 - Domestic violence
 - Financial or material abuse
 - Modern slavery
 - Discriminatory abuse (e.g., in relation to sex, race and disability)
 - Organisational abuse
 - Neglect and acts of omission
 - Self-neglect

- 3.5 We recognise that children and young people face other specific risks and challenges including child sexual exploitation, female genital mutilation (FGM), radicalisation, extremism and gang involvement. See Appendix 1 for more information on the types of abuse of children, young people and adults at risk.
- 3.6 Whilst the online world provides everyone with many opportunities, it can also present risks and challenges. We recognise that children, young people and vulnerable adults may also be at risk of online abuse. We have a responsibility to keep children, young people and vulnerable adults safe from online abuse, whether or not they are using HWL's devices. See Appendix 1 for more information on the types of abuse of children, young people and adults at risk.

4. CREATING A SAFE AND TRUSTED WORKPLACE CULTURE

- 4.1 Bullying, harassment and discrimination (including sexism, racism, ablism and homophobia) in the workplace can be very damaging to those involved and seriously impact their health, wellbeing, confidence and performance at work. It creates a culture in which people may be uncomfortable asking questions, lack confidence about what constitutes a genuine concern or feel too stressed coping with their emotional distress to recognise risks to someone else. HWL's ability to implement this safeguarding policy may therefore be undermined where there is such a culture.
- 4.2 Our Personal Harassment Policy and Procedure lets staff and volunteers know what to do should they feel that they are being bullied, harassed, or discriminated against and seeks to ensure that managers know how to address such incidents swiftly and fairly. Our organisational values reflect that bullying, harassment and discrimination are unacceptable and incompatible with safeguarding. We regularly check that staff and volunteers feel safe and supported enough to use the procedures in place to protect themselves from bullying, harassment and discrimination.

5. RESPONSIBILITIES

- 5.1 The **HWL Chief Executive Officer** is the **Designated Safeguarding Lead** (DSL) for safeguarding children, young people and adults at risk. The **DSL's** responsibilities are to:
- Ensure that the policy and procedures are reviewed at least annually and take any learning from incidents that have occurred

- Ensure by means of training, supervision and information sharing that staff and volunteers have sufficient knowledge and understanding of this policy and associated procedures including mandatory online training
- Ensure that staff and volunteers are up to date with the relevant legislation regarding safeguarding children, young people and adults at risk and have the skills required to carry out these responsibilities
- Support staff and volunteers or other individuals in instances of suspected abuse
- Ensure that Disclosure and Barring Checks are carried out for staff and volunteers as required
- Ensure that staff and volunteers undertake risk assessments for any activity involving children and young people and vulnerable adults and
- Act as the interface with other agencies, including recording and reporting under Lambeth joint agency arrangements any incidents of suspected abuse or seeking advice as necessary.

5.2 **The Trustees** responsibilities are to:

- Ensure staff and volunteers are aware of the need for protection of children, young people and adults at risk
- Assess the safeguarding risks that might arise from HWL's activities and operations
- Create, develop and put in place suitable policies and procedures to handle allegations and incidents
- Undertake on-going monitoring to ensure effective implementation of those policies and procedures
- Take steps to ensure that the board, staff and volunteers respond properly when allegations and incidents arise and report as necessary to the police and other agencies,
- Review policies and procedures at least annually and following serious incidents, using the experience of specific incidents to manage and minimise the risk of something similar happening again, by making any necessary changes to HWL's policies and procedures.

5.3 **Staff and Volunteers'** responsibilities are to:

- Be familiar with the HWL's Safeguarding Policy and take appropriate action in line with this policy. This includes reporting concerns if they think someone is being abused or if poor standards of care are creating conditions in which there is a risk of abuse to children, young people and adults at risk using services or coming into contact with our activities
- Undertake safeguarding training as appropriate, being aware of and alert to the types and indicators of abuse. See Appendix 1 for more information
- Inform children, young people, adults at risk and their carers/families that we work with about our safeguarding duties
- Make clear to partner organisations that we work with that any safeguarding concern identified by HWL will be dealt with according to HWL's Safeguarding policy,
- Declare any existing or subsequent convictions.

6. RECRUITMENT AND DBS CHECKS

- 6.1 The Disclosure and Barring Service (DBS) provides information on criminal records and barring decisions. It helps employers make safer recruitment decisions and prevent unsuitable people from working with adults at risk and children. All staff are required to apply for a DBS check to carry out their role. This takes place once an offer has been made and before new staff begin in their roles.
- 6.2 All volunteers who conduct Enter and View visits are required to apply for a DBS check to carry out this role. However, there may be some roles in which a standard or enhanced DBS check is needed. When recruiting a new role, HWL will follow the DBS eligibility guidance, seeking legal advice where necessary and supporting all relevant staff and volunteers to apply for the DBS check that corresponds to their role.

7. TRAINING

- 7.1 In meeting its requirements to ensure that all staff and volunteers have the necessary knowledge to fulfil their safeguarding roles and responsibilities, HWL will ensure that:
- The Designated Safeguarding Lead has completed appropriate safeguarding training and keeps themselves updated on changes to legislation and guidance.
 - All staff and volunteers have completed appropriate safeguarding training or do so as part of their induction.

- 7.2 Additional training can be completed by the Designated Safeguarding Lead and by other staff and volunteers if and when appropriate, on specific areas of focus such as Protecting Children from Sexual Exploitation, FGM, Mental Capacity Act and Prevent Radicalisation.
- 7.3 All new engagement projects will consider safeguarding risks as part of a broader risk assessment of the project planning process and additional training, or refresher guidance will be provided as appropriate.

8. SUPPORT FOR INDIVIDUALS AT RISK

- 8.1 All those making an allegation or expressing concern, should be reassured that:
- We are taking them seriously
 - We will listen and seek their views to ensure we consider their wishes and feelings when reaching decisions that affect them as individuals
 - Their comments will usually be treated confidentially, but their concerns may be shared with the appropriate authorities if they or others are at significant risk.
- 8.2 The person at risk has the right to:
- Be made aware of this policy
 - Have alleged incidents recognised and taken seriously
 - Be signposted to appropriate access to advocacy or independent advice
 - Receive fair and respectful treatment throughout
 - Be involved in any process as appropriate
 - Receive information about the outcome.

9. CONSENT, CONFIDENTIALITY AND SHARING OF INFORMATION

- 9.1 People have the right to expect that information shared with staff and volunteers should be treated as confidential. However, it should be made clear that where a Relevant Person has a reason to be concerned for someone's welfare, they must share the information with someone who is in a position to take action or responsibility.
- 9.2 It is inappropriate to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in situations where other vulnerable people may be at risk.

- 9.3 Where harm or abuse has been suspected, our staff and volunteers will make clear to the person at risk that we have a duty to report a safeguarding concern, and that confidential information will need to be shared with relevant professionals. In effect, we are not asking for consent to share information. We may lawfully disclose information to a third party if it can be justified to be in the public interest such as to:
- Protect the person at risk from significant harm
 - Promote the welfare of children, young people and adults at risk
 - Ensure that the person at risk understands what information will be shared, why it needs to be shared, who will see the information and what they will use it for.
- 9.4 Whenever possible, the person at risk must be consulted about information being shared on their behalf. However, in exceptional circumstances (e.g. if it is considered someone is at serious risk of abuse) then information may be disclosed without consent. If other children, young people, or adults are at risk the 'public interest' principle may override their decision. Healthwatch Lambeth will seek the advice of the Lambeth Safeguarding team where there is doubt or concern about consent or capacity issues.
- 9.5 Any decisions regarding information sharing should be recorded carefully, including any reasons for disclosure without consent.
- 9.6 Each organisation holds information which, in the normal course of events, is regarded as confidential and will have their own safeguards and procedures for sharing this with other related agencies. Some information will be subject to General Data Protection Regulation (GDPR) 2018. A safeguarding concern provides sufficient grounds to warrant sharing information on a 'need to know' basis and/or in the 'public interest' and unnecessary delays in sharing that information should be avoided.
- 9.7 Under GDPR, data controllers must refer to the age a person is no longer considered a child in the UK (currently age 16) and cannot seek consent from anyone under that age. Instead, they must obtain consent from a person holding "parental responsibility". They must also make "reasonable efforts" to verify that the person providing that consent is indeed a parental figure.

10. REPORTING AND RECORDING PROCEDURE

- 10.1 It is the responsibility of anyone working within HWL in a paid or unpaid capacity to raise any concerns relating to potential abuse or neglect arising from situations they observe, allegations (reports from third parties) or disclosures (reports from someone about themselves), even if they are unsure whether the concern is justified.
- 10.2 It is not the responsibility of anyone working within HWL in a paid or unpaid capacity to decide whether or not abuse has taken place. However, all cases of suspected or alleged abuse should be raised in line with the procedures identified in this policy. It is important to do this as other organisations may have already expressed concerns and failure to report concerns may put a vulnerable person at risk.
- 10.3 Any disclosure or suspicion of abuse should be reported to the line manager in the first instance, who will then discuss with the Designated Safeguarding Lead (DSL). If the line manager is not immediately available, the DSL should be alerted as soon as possible.
- 10.4 If a safeguarding concern involves any HWL staff and volunteers causing harm or posing a significant risk of causing harm to individuals, it should be reported to the CEO. If the CEO is potentially implicated in any safeguarding investigation or if it is felt that a concern has not been dealt with appropriately, it should be raised with the Chair of the Board of Trustees
- Anyone working with HWL in a paid or unpaid capacity raising concerns about a colleague or manager will be supported and their job/role will be unaffected by such action. Please refer to the Whistle-Blowers Policy for more details.
 - It may also be appropriate to report any safeguarding concerns involving HWL staff and volunteers to the DBS. If one of our staff and volunteers has been dismissed or removed from HWL for inappropriate behaviour involving children or adults at risk, then a referral must be made to the DBS.
- 10.5 Concerns should be reported within 24 hours. If it is after 5pm, the weekend or a bank holiday, the DSL should be contacted by telephone. If there is an immediate and urgent risk to personal safety, contact appropriate emergency services.
- 10.6 If a disclosure of abuse is made by an individual:
- Avoid making judgements, asking leading questions, or attempting to “investigate” in any way

- Avoid showing shock or disbelief. Instead, show empathy and reassure them that they are right to share this information with you
- Listen carefully without interrupting, to allow them to tell you whatever they want to share
- Reflect what you have been told to ensure you have correctly grasped what is being said
- Carefully explain to them the procedure that will be followed and explain that it may not be possible for HWL to maintain confidentiality
- Consider the needs and wishes of the person at risk, taking into account the nature of the alert.

10.7 All relevant information about the allegation should be recorded using the reporting form (Appendix 2)

- Write down an account of the conversation as soon as possible, using the words/phrases that the person used
- Describe the circumstances in which the disclosure came about
- Take care to distinguish between fact, observation, allegation and opinion, providing any information as accurately as possible
- Forms should be stored securely in a restricted folder, where only the CEO and line manager as appropriate have access to these records.

10.8 When managing safeguarding concerns, the Designated Safeguarding Lead should decide if and when reports need to be made to other organisations depending on the context and severity.

10.9 Depending on the context and nature of any concerns or incidents, reports may need to be made to other agencies, including but not limited to:

- The Lambeth Council
- The Health and Safety Executive
- The Police
- The National Crime Agency
- Funders
- Charity Commission

11. GETTING SUPPORT

11.1 HWL will work with other agencies to prevent the abuse of children, young people and adults at risk and to respond quickly when abuse is suspected. The following sources of information and advice can be consulted when the guidance provided in this document is insufficient to support clear decision making:

- **London Child Protection Procedures and Practice Guidance**
- **Pan London Multi-Agency Adult Safeguarding Policy and Procedures**
- **Quality and Safeguarding Manager**, Lambeth Council: Kate Buck,
kbuck@lambeth.gov.uk
- **Safeguarding Adults Lead**, Lambeth Council: Elizabeth Lacey,
elacey1@lambeth.gov.uk
- **National Society for the Prevention of Cruelty to Children (NSPCC)**, 0808 800 5000
- **NSPCC guide to Safeguarding and child protection:**
<https://learning.nspcc.org.uk/safeguarding-child-protection>
- **Gov.UK Safeguarding policy:** protecting vulnerable adults:
<https://www.gov.uk/government/publications/safeguarding-policy-protecting-vulnerable-adults>

12. WHISTLE-BLOWING

- 12.1 Staff and volunteers should familiarise themselves with HWL's Whistle-Blowers Policy.
- 12.2 Whistle-blowers should know how to access support and to protect their own interests. Even if they decide that they wish to make an anonymous report, the information they provide will be taken into account and treated seriously. Further support and confidential whistle-blowing advice can be found at Protect at <https://protect-advice.org.uk/> or 02031172520.
- 12.3 All requests for anonymity by the referrer will be fully respected. It cannot, however, be guaranteed, especially if the referrer's information becomes an essential element in any subsequent legal proceedings. In addition, the Data Protection Act 1998 removes the blanket confidentiality of the third party.
- 12.4 Staff and volunteers who do not report concerns about the possible abuse of a child, young person, or adult at risk in accordance with the multi-agency practice guidance and procedures, could be disciplined for not doing so, or for colluding with the abuse.

13. GRANT MAKING

- 13.1 Whenever we make grants to other organisations, we are responsible for ensuring that they have appropriate and robust safeguarding arrangements in place and we will complete due diligence checks on all grantees before awarding funds. Funding is dependent on achieving an expected standard of good practice and reporting processes will be agreed between HWL and the grantee.

14. CONTACT INFORMATION

HWL CEO

Name: Folake Segun

Title: Chief Executive – Healthwatch Lambeth

Address:

Health Foundry,
Canterbury House,
1 Royal Street, SE1 7LL

Telephone: 020 7274 8522

Email: folake.segun@healthwatchlambeth.org.uk

Secondary email (not confidential): info@healthwatchlambeth.co.uk

Lambeth Safeguarding Children

Professional line: 020 7926 3100

Public line: 020 7926 5555 (24 hrs)

Email: dutymanager@lambeth.gov.uk

Online reporting form: <https://www.lambeth.gov.uk/childminders/safeguarding-children-prevent-duty>

Lambeth Safeguarding Adults

Professional and public line: 020 7926 5555 (24 hrs)

Email: adultsocialcare@lambeth.gov.uk

Online reporting form: <https://www.lambeth.gov.uk/forms/raising-concerns-that-an-adult-may-be-at-risk-form>

15. SAFEGUARDING ALERT PROCEDURE

The flowchart below uses Lambeth local authority as an example.

Safeguarding concern arises from information which indicates that an individual has or may have:

- Behaved in a way that has harmed or is thought to have the potential to harm another person
- Behaved in a way towards another person that indicates they are not suitable to work on behalf of HWL
- Is thought or suspected to have acted in a way that might put the safety and wellbeing of another person at risk including if there is a concern that a criminal offence may have taken place

THINK – DOING NOTHING IS NOT AN OPTION

Consider if any of the following apply:

- Is the person in immediate danger or in need of emergency medical treatment?
- Has a crime been committed?
- Is there a need to protect forensic evidence?

Yes

Contact emergency services

IMMEDIATELY

e.g., police, ambulance.

No

WITHIN 24 HOURS

Consult with HWL DSL (CEO, via line manager) whether a safeguarding referral is appropriate.

Discuss:

- Nature of concerns
- Risks to other children, young people, or adults
- Consent

No

concern

Report a concern

About a child or young person

Professional line: 020 7926 3100

Public line: 020 7926 5555 (24 hrs)

Email: dutymanager@lambeth.gov.uk

Online reporting form:

<https://www.lambeth.gov.uk/childminders/safeguarding-children-prevent-duty>

About an adult at risk

Professional and public line: 020 7926 5555 (24 hrs)

Email: adultsocialcare@lambeth.gov.uk

Online reporting form:

<https://www.lambeth.gov.uk/forms/raising-concerns-that-an-adult-may-be-at-risk-form>

Designated Safeguarding Lead

records:

- details of the incident (dates, times, what the person at risk has said)
- outcome of discussion with staff / volunteer on HWL incident reporting log
- with whom information about the incident has been shared and reasons for it.

Lambeth Social Services will follow up the concern with necessary parties and will provide appropriate support to the person at risk (and their family if appropriate). The 'alerter' may need to be contacted and can decide as to whether they would like to be updated on progress of the case. DSL follows up with alerter to provide necessary support, seek feedback and record any outcomes reported by Lambeth Social Services.

Appendix 1 – Types of Abuse

A. *Definition of Abuse (Children)*

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's development capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill treatment of another. It may involve serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g., rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in the looking at, or in the production of, sexual online images, watching sexual activities or encouraging children to behave in sexually inappropriate ways.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate caregivers); or

- Ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Staff also need to be aware of vulnerable groups such as those with disabilities, children living away from home, asylum seekers, children and young people in hospital, children in contact with the youth justice system, victims of domestic abuse, those vulnerable due to religion, ethnicity, etc. and those who may be exposed to violent extremism.

Online Abuse

Online abuse is any type of abuse that happens on the internet, facilitated through technology like computers, tablets, mobile phones and other internet-enabled devices. It can happen anywhere online that allows digital communication, such as:

- social networks
- text messages and messaging apps
- email and private messaging
- online chats
- comments on live streaming sites
- voice chat in games.

Children and young people may experience several types of abuse online:

- bullying/cyberbullying
- emotional abuse
- sexting
- sexual abuse
- sexual exploitation.

Children and young people can also be groomed online: perpetrators may use online platforms to build a trusting relationship with the child in order to abuse them. This abuse may happen online, or the perpetrator may arrange to meet the child in person with the intention of abusing them.

B. Definition of Abuse (Adults)

Physical Abuse

Non-accidental harm to the body caused by the use of force, which results in pain, injury, or a change in the person's natural physical state. Some examples are hitting, slapping, pushing, kicking, misuse of medication, restraint, inappropriate sanctions, rough handling, pinching, punching, shaking, burning and forced feeding.

Psychological or Emotional Abuse

Psychological or Emotional abuse is behaviour that has a harmful effect on a vulnerable adult's emotional health and development. Some examples are emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive

networks, withholding affection, shouting, depriving the person of the right to choose, information and privacy. Behaviour that has a harmful effect on the vulnerable adult's emotional health and development.

Sexual Abuse

Sexual abuse is the involvement of a vulnerable adult in sexual activities or relationships, which are for the gratification of the other person and which: they have not consented to, or they cannot understand and are not able to consent to, or which violates the individual's expressed cultural or religious preferences, sexual taboos, or family custom and practice. Some examples are rape and sexual assault or sexual acts to which the vulnerable adult has not consented or could not consent or was pressured into consenting. Inappropriate touching and fondling, indecent exposure, penetration (or attempted penetration) of vagina, anus or mouth by penis, fingers, or other objects.

Financial or Material Abuse

Financial or material abuse involves the use of a vulnerable adult's property, assets or income without their informed consent or making financial transactions that they do not understand to the advantage of another person. Some examples are theft, fraud, exploitation and pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions, or benefits.

Neglect and Acts of Omission

Neglect is behaviour that results in the vulnerable adult's basic needs not being met. Some examples are ignoring medical or physical care needs, person's physical condition/appearance is poor e.g., ulcers, pressure ulcers, soiled or wet clothing, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating and undermining personal beliefs.

Online Abuse

Online abuse is any type of abuse that happens on the internet, facilitated through technology like computers, tablets, mobile phones and other internet-enabled devices. It can happen anywhere online that allows digital communication, such as:

- social networks
- text messages and messaging apps
- email and private messaging
- online chats
- comments on live streaming sites

Some examples of online abuse are:

- trolling
- stealing someone's identity
- cyber-stalking
- cyberbullying
- sending messages online that are grossly offensive or of an indecent, obscene, or menacing character
- publishing private sexual images online without consent

Professional Abuse

Is the misuse of power and abuse of trust by professionals, the failure of professionals to act on suspected abuse/crimes, poor care practice or neglect in services, resource shortfalls or service pressures that lead to service failure and culpability as a result of poor management systems/structures.

Organisational or Institutional Abuse

Involves the collective failure of an organisation to provide an appropriate and professional service to vulnerable people. It can be seen or detected in processes, attitudes and behaviour that amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and stereotyping. It includes a failure to ensure the necessary safeguards are in place to protect vulnerable adults and maintain good standards of care in accordance with individual needs, including training of staff, supervision and management, record keeping, unable or unwilling to implement professional or clinical guidelines and liaising with other providers of care.

Abusive behaviour (including sexism, racism, disability discrimination and homophobia) may be part of the accepted custom and culture within an organisation or an individual member of staff, or particular group of staff may carry it out. The key risk factors for institutional abuse are:

- it is widespread within the setting
- it is repeated
- it is generally accepted by the staff and not seen as being poor practice
- it is not sanctioned
- it is encouraged or condoned by line managers
- it takes place in a setting where there is poor monitoring by senior management
- there are environmental factors (e.g., unsuitable buildings, lack of equipment, many temporary staff) that adversely affect the quality of care
- it is systemic e.g., factors such as a lack of training, poor operational procedures, poor supervision and management all encourage the development of institutionally abusive practice.

Domestic abuse and violence

Domestic abuse and violence are best described as the use of physical and/or emotional

abuse or violence, including undermining of self-confidence, sexual violence, or the threat of violence, by a person who is or has been in a close relationship.

Domestic abuse can go beyond actual physical violence and involve emotional abuse, the destruction of a spouse's or partner's property, their isolation from friends, family or other potential sources of support, threats to others including children, control over access to money, personal items, food, transportation, telephone and stalking.

It can include violence perpetrated by a son, daughter or any other person who has a close or blood relationship with the victim. It can also include violence inflicted on or witnessed by children. The wide adverse effects of living with domestic violence for children must be recognised as a child protection issue. It may link to poor educational achievement, social exclusion and to juvenile crime, substance abuse, mental health problems and homelessness from running away.

Domestic violence is not a 'one-off' occurrence but is frequent and persistently aimed at instilling fear into and compliance from, the victim. It is defined as 'Any incident of threatening behaviour, violence or abuse, psychological, physical, sexual, financial or emotional between adults who are, or have been intimate partners or family members, regardless of gender or sexuality'. (Source Home Office Definition 2004)

Domestic violence takes place within an intimate or family-type relationship and that forms a pattern of coercive and controlling behaviour. This can include forced marriage and so-called 'honour crimes'. Domestic violence may include a range of abusive behaviours. (Source: Women's Aid)

Discriminatory abuse

Discriminatory abuse is behaviour that makes or sees a distinction between people as a basis for prejudice or unfair treatment. Some examples are racism, sexism, religious discrimination and ageism, based on a person's disability and other forms of harassment, slurs, or similar treatment.

C. *Specific Indicators of Abuse*

Although abuse often comes to light through disclosure by an individual, who sensing they are safe, confides in a trusted person, there are situations or events that might indicate that all is not well. The following list highlights situations or events that may require closer attention.

They are merely indicators, the presence of one or more does not confirm abuse and they are no substitute for a thorough assessment. However, a cluster of several indicators may indicate a potential for abuse and a need for further action.

For ease of use, the indicators have been grouped under headings. Typically, an abusive situation may well involve indicators from several groups in combination.

General Indicators of Abuse

- The denial (often forthright) that anything is amiss, with an accompanying emphasis that things 'have never been better'.
- resignation, stoicism and, sometimes, an acceptance of incidents as being part of being old/vulnerable.
- inconsistency of information.
- seeking (attention/protection), often from numerous sources.
- the vulnerable adult appears to be withdrawn or agitated and anxious.
- they may be isolated in one room of the house or confined to living in a small space.
- mobility is restricted due to absence of suitable mobility aids.
- they may be excluded from outside social contacts.
- they are overly subservient or anxious to please.
- professional and other visitors may have difficulty gaining access to the vulnerable adult or may find confidential interaction inhibited.
- lack of eye contact – looking at the floor during discussions or looking to others to answer questions even when directed to the individual.
- dramatic changes in behaviour or personality; depression or confusion, for which no medical explanation can be offered.
- refusal to allow person into respite/permanent care
- poor conditions, lack of clothing, lack of access to own money
- reluctance to return home or to service placement

Indicators of Physical Abuse

- multiple bruising that is not consistent with the explanation e.g., a fall
- cowering and flinching
- bruised eyes, marks resulting from a slap and/or kick, other unexplained bruises
- abrasions, especially around the neck, wrists and/or ankles
- unexplained burns, especially on the back of the hands
- scalds, especially with a well-defined edge from immersion in water
- hair loss in one area – scalp sore to touch
- frequent minor accidents without seeking medical help
- unusually sleepy or docile, tendency to flounder or slip over
- unexplained fractures
- malnutrition, ulcers, pressure sores and sores due to lack of care for incontinence
- frequent 'hopping' from one GP, hospital, or care agency to another
- need for health or social care services ignored or obstructed
- misuse of medication

Indicators of Sexual Abuse

- changes in demeanour or behaviour i.e., the person starts to seek or avoid attention where previously they did not, by expressing over sexualised behaviour, or becoming fixated on sexual matters
- complaints of soreness in genital/anal area, no medical cause known
- recurring conditions such as thrush or cystitis
- pregnancy or diagnosis of a sexually transmitted disease when the person is not known to be sexually active
- bruising on the inner thighs or shoulders, breasts and/or genital area
- objects to being washed in genital areas, which is a change in behaviour

Indicators of Financial or Material Abuse

- unexplained or sudden inability to pay bills
- gifting and transferring of assets and property
- unexplained or sudden withdrawal of money from accounts
- contrast between known income or capital and unnecessarily poor living conditions especially where this has developed recently
- personal possessions of value go missing from the home without satisfactory explanation
- contrast with their previous lifestyle and standards
- someone has taken responsibility for paying rent, bills, buying food etc. but is clearly not doing so
- unusual interest taken by relative, friend, neighbour or other in financial assets especially if little real concern is shown in other matters
- next of kin refuse to follow advice regarding control of property via Court of Protection or through securing Enduring Power of Attorney/Lasting Power of Attorney, but insist upon informal arrangements
- care services including residential care are refused by family or other potential inheritors
- unusual purchases unrelated to the known interests of the vulnerable adult e.g., purchases of fashionable clothes, expensive make-up, food and holidays
- reluctance to accept financial assessment or engagement from department

Indicators of Organisational or Institutional Abuse

- poor staff morale, high turnover, or high sickness rate amongst staff; excessive hours are worked and there is frequent use of agency staff

- general lack of consideration of privacy e.g., staff walk casually into bedrooms; washing and personal care tasks (going to the toilet) lack appropriate privacy and dignity; there is no telephone that can be used privately
- residents/service users appear unusually subdued, especially when compared to their previous behaviour; they retreat into their own room or other areas out of the way of staff
- lack of care when dealing with personal clothing, e.g., loss of clothes, being dressed in other people's clothes, dirty or unkempt, spectacles not clean, wearing other people's spectacles, hearing aid or false teeth
- poor hygiene e.g., strong smell of urine, dirty clothing, or bed linen, only changed when staff consider it necessary
- inappropriate and thoughtless use of equipment e.g., restraint and buzzers out of reach
- lack of internal procedures, including poorly written and/or outdated policies
- lack of clear lines of responsibility and consistency of management
- lack of staff training, supervision, appraisals and assessment of competencies
- lack of appropriate skill mixes and assessment of staff competencies and training and development plan
- inadequate care/support plans and risk assessment
- inappropriate use of medical or nursing procedures e.g., enemas, catheterisation, over reliance on medication
- lack of appropriate relevant information sharing between staff about service users
- lack of open transparent communication from staff to relatives
- reliance on rigid routines
- staff feel powerless to influence good practice; they may be discouraged from participating in discussions with outside agencies

Indicators of Professional Abuse

- entering into a sexual relationship with a service user
- failure to refer disclosure of abuse, poor, ill-informed, or outmoded care practice
- failure to support vulnerable adult to access health care/treatment, denying vulnerable adult's access to professional support and services such as advocacy
- service design where groups of users living together are incompatible
- punitive responses to challenging behaviours
- failure to whistle-blow on issues when internal procedures to highlight issues are exhausted

Indicators of Domestic Abuse and Violence

- It must be remembered that all categories of abuse may be found within a domestic environment, i.e., close family relationships.

Reactions to Abuse

The consequences of abuse can have profound effects on all the parties involved. These may include:

- Denial that abuse has occurred, even in the face of compelling evidence to the contrary; there may be an attempt to persuade others that an abusive relationship is normal.
- Withdrawal from social activity, ranging from withdrawal from normal activities to total lack of communication.
- Increased agitation and anxiety in a variety of forms, from attention-seeking behaviour to overly subservient behaviour.
- Depression.
- Confusion. This can be characterised by the marked deterioration in a previously confident person; someone who may appear to be confused might be trying to communicate his or her distress about an abusive event.
- A dramatic change in behaviour or personality, suddenly and unexpectedly; it can be associated with fear following an incident of abuse.
- Physical or verbally aggressive behaviour; an individual may seem unusually hostile or be prone to over-reaction.
- Self-neglect, including the loss of self-esteem, deterioration in appearance, weight loss or erosion of personal confidence.

Appendix 2 – Safeguarding Reporting Checklist

This checklist is designed to be used as a guide to report a safeguarding concern about a child, young person, or adult at risk to Lambeth Council, in line with the procedure outlined in HWL's Safeguarding Policy.

Ensure that this form and the information on it are stored securely in line with the General Data Protection Regulation (GDPR) 2018.

Information about the person at risk

- First name
- Surname
- Date of Birth
- Address
- Telephone number
- Does the person live alone?

Information about the person who raised the concern (if relevant)

- First name
- Surname
- Date of Birth
- Address
- Telephone number
- Email address?
- Relationship to person at risk (e.g. family member, worker from another organisation)

Information about the safeguarding concern

- A description of the abuse, including where and when it happened
- Information about how the person's care and support needs mean they are unable to protect themselves
- Where the person at risk is now and whether they are safe
- Details about the person or organisation that might pose a risk
- Do they know you are raising a safeguarding alert with Lambeth Social Services? Do we have their consent to contact Lambeth Social Services?
- What does the person at risk want to have happen?
- Are there others (children, young people, or adults) who may be affected by this situation?
- Whether you think a crime has been committed and if yes, if the police are aware?
- Whether you have told or reported this matter to anyone else (e.g., Care Quality Commission or service provider).

Appendix 3 – Dos and Don'ts

When working with children, young people and vulnerable adults it is important to follow HWL'S Code of Conduct:

DO:

- Operate within and adhere to HWL's policies and procedures, established for the safety and security of children and vulnerable adults at all times.
- Recognise that it is each adult's individual responsibility to maintain an awareness of safeguarding procedures.
- Act as a positive role model demonstrating and reinforcing the values laid out in the Code of Behaviour for Children and Young People.
- Be respectful towards and listen to children and young people at all times.
- Use appropriate language.
- Treat children, young people, adults at risk fairly, without prejudice or discrimination.
- Make sure that favouritism is avoided.
- Where possible involve children and adults at risk in the planning of programmes and activities; value and listen to their contributions.
- Ensure that wherever possible more than one adult is present during activities with children, young people and adults at risk. If this is not possible, make sure that other adults are within sight or hearing distance and that they know where you are and what you are doing.
- Monitor use of equipment making sure it is used safely for its intended purpose. Follow the e-safety policy.
- Approach a child or vulnerable adult in distress.
- Maintain professional conduct.
- Respect a child's and adult at risk's right to personal privacy.
- Maintain a distance from physical contact and follow safe touch guidance.
- Challenge unacceptable behaviour and follow procedures for allegations of abuse, referring concerns immediately and adhering to HWL procedures.
- Proceed with caution if discussing sensitive topics with children and young people.
- If a child or adult at risk asks to speak to you about a private matter inform other adults so that they know where you and the child are located and make sure that the Disclosure Procedure is followed.
- Contact one of the Designated Safeguarding Officers if there are concerns about any aspects of the procedure, process, appropriate checks, or the code of conduct.

DO NOT:


- Patronise, threaten, make sarcastic, derogatory, or sexually suggestive comments in the presence of anyone including children, young people and adults at risk.
- Take photos or video recordings of any child or adult at risk without permission of the parent/carer, including in the background of any such media and in no circumstances for personal use.
- Give children, young people, or adults at risk your personal contact or social media details.
- Travel alone in a vehicle with a child, young person or adult at risk unless specifically approved by the parent/carer and Line Manager.
- Rely on your reputation or that of your organisation to protect you.
- Take unnecessary risks when policy and good practice suggest a more prudent approach.
- Develop inappropriate relationships with children or adults at risk including arranging contact outside of work.
- Do things for them that are of a personal nature that they can do themselves or that a parent/carer can do for them. Always defer to the carer/teacher/parent responsible for the individual/group.
- Allow or engage in any inappropriate touching of any kind. The main principles of touch are:
 - desired touch should be initiated by the child
 - touch should be appropriate to the age and stage of development of the child.

Appendix 4 – Equality Impact Assessment Form

EIA screening determines whether the policy has any relevance for equality, i.e., is there any impact on one or more of the protected characteristics as defined by the Equality Act 2010. These are:

- Age
- Disability
- Gender Reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Race
- Religion or belief Including lack of belief
- Sex
- Sexual Orientation

1. Name of policy/procedure being assessed:	Safeguarding Policy
2. Is this a new or existing policy or procedure?	Existing
3. What is the function of the policy/procedure?	The purpose of this policy is to outline the practice for staff and volunteers to contribute to the prevention of abuse through raising awareness and providing a clear framework for action when abuse is suspected.
4. What is it trying to achieve and why?	Living a life that is free from harm and abuse is a fundamental right of every person and safeguarding is everyone's responsibility. Our work does not involve providing direct services to children and vulnerable adults, but we still have safeguarding responsibilities which we take very seriously. Our trustees, staff, associates, consultants and volunteers may come across abuse in the course of their work or may have access to personal details of families with children, or access to adults who have care and support needs or are vulnerable in some other way. Abusers could also align themselves with us to take advantage of the position of trust which we have with the community and with organisations that we work with.
5. Who is intended to benefit and how?	All adults with care and support needs and all children and young people under the age of 18 years who may be vulnerable to abuse and may not be able to protect themselves.

6. Is there any potential for differential impact (negative or positive) on any of the protected characteristics?	Yes. Adults with care and support needs, children and young people may be vulnerable to abuse because of their sexuality, health conditions, hidden and visible disabilities, age, gender, ethnicity and religion. Thus, some individuals who we engage with could be disproportionately exposed.
7. Is there any possibility of discriminating unlawfully, directly, or indirectly, against people from any protected characteristic?	HWL's vision, mission and values explicitly and implicitly state our commitment to equality and diversity. Failure to act in accordance with those values would be a disciplinary matter.
8. Could there be an effect on relations between certain groups?	Possibly. HWL's vision, mission and values explicitly and implicitly state our commitment to equality and diversity. Failure to act in accordance with those values would be a disciplinary matter.
9. Does the policy explicitly involve or focus on a particular equalities group i.e., because they have particular needs?	No. The policy applies to all adults with care and support needs and to all children and young people under the age of 18 years.
Designated Responsible Officer of the policy under review  Name: Patrick Mitchell Position: Chair, Board of Trustees Date: 23 January 2025	